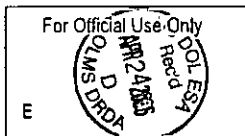


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>14004</u>	2. Fiscal Year Covered From:  1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.  Name Russell Taylor  P.O. Box, Bldg., Room No., if any  Street 2202 Krenson St.  City Savannah  State Georgia ZIP Code + 4 31415	4. Name, file number, and address of labor organization.  Name I.L.A. Local #1414  Labor Organization File Number <u>009926</u>  P.O. Box, Building and Room Number, if any P. O. 1262  Street 221 East Lathrop Ave.  City Savannah  State Georgia ZIP Code + 4 31402-1262
5. Position in labor organization. Chairman of the Board of Directors	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Russell Taylor</u>	On <u>4-5-06</u> <u>912-2337935</u> Date Telephone Number

Name of Person Filing Russell Taylor	File Number U-
--------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name I.L.A. Local #1414</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P. O. Box 1262</p> <p>Street 221 East Lathrop Ave.</p> <p>City Savannah</p> <p>State Georgia ZIP Code + 4 31402-1262</p>	<p>14.a. Nature of payment.</p> <p>7/15/05 Reimbursement check for 40 chairs purchased for use in the Union Hall.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?</p>	<p>14.b. Amount of payment.</p> <p>\$423</p>

Name of Person Filing Russell Taylor	File Number U-
--------------------------------------	----------------

**Part C Continuation Page**

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name I.L.A. Local #1414  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P. O. Box 1262  Street 221 Lathrop Ave.  City Savannah  State Georgia ZIP Code + 4 31402-1262	<b>14.a. Nature of payment.</b>  07/15/2005 Net advance for expenditures for annual Union picnic. Mr. Taylor received a \$2500 advance check with which to pay various expenses of the annual Union picnic. He returned \$1114 unspent to the Union.
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> ?	<b>14.b. Amount of payment.</b>  \$1,386

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name I.L.A. Local #1414  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P. O. Box 1262  Street 221 East Lathrop Ave.  City Savannah  State Georgia ZIP Code + 4 31402-1262	<b>14.a. Nature of payment.</b>  12/02/2005 Reimbursement check for television purchased for the Union.
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> ?	<b>14.b. Amount of payment.</b>  \$423

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	<b>14.a. Nature of payment.</b>   
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> ?	<b>14.b. Amount of payment.</b>   